Montana DPHHS Emergency Response Worksheet

Name of Facility:_			VFC ID:	Date:
Contact:	Phone: _			
What to do in cas recommended ter	_	nother event which	n results in vacc	ine storage outside of the
 Notify the clin Place the vacci Place the bag i Contact the Monon the next step 	ps. actions taken on a Vaccine	DO NOT USE." eezer. at 444-5580. The M	IT Immunization	ate. n Program will advise the clinic
Vaccine	Manufacturer and lot #	Expiration Date	# of doses	Circumstances (what happened)
	Va	ccines Stored in F	reezer	
Vaccine	V a Manufacturer and lot #	Expiration Date	# of doses	Circumstances (what happened)
Record this information Last known temperature Current temperature	mation:	Lası	t known tempera rent temperature	ature of the freezer:
	room where refrigerator is			

Never discard questionable vaccine. Always call the MT Immunization Program first.